## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben ARISMAR - 4 PH 1: 21-3
Secretary of State
SELNE JARY U. J. L.
STATE OF IDAHO

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page\_\_\_ of \_\_\_Page(s)
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| (Type or print clearly in black | ink) |
|---------------------------------|------|
| See instructions at bottom of p | age  |

| Lobbyist   | 's name and p                    | ermanent busine               | ss address                           |                   |          | Da           | te pr            | epared              |                        | Period co      | vered           |             |
|--|----------------------------------|-------------------------------|--------------------------------------|-------------------|----------|--------------|------------------|---------------------|------------------------|----------------|-----------------|-------------|
| Ravol  | a Jacobse                        | en                            |                                      |                   |          |              |                  |                     |                        | ·              | month en        | ting        |
| -  | ee Plaza                         |                               |                                      |                   |          | Ì            |                  | 03/02/0             | 5                      |                |                 |             |
| 1109 Main St., STE 220   |                                  |                               |                                      |                   |          |              | 00.020           | ( <b>M</b> o.)      | (Day)                  | (Y r.)         |                 |             |
|  | . ID 8370                        |                               |                                      |                   |          |              |                  |                     | •                      | 02             | 28              | 2005        |
| Item   |                                  |                               | le expenditures made or              | incurred b        | v Lobby  | iet o        | - tou I          | obbyjet's Empl      | over on behalf o       | f Lobbyi       | t's Emplo       | ver         |
|  |                                  |                               | expellultures made of                |                   |          |              |                  |                     |                        |                |                 | <del></del> |
| Cal<br>Reimburse   | egory of Expended Personal Livin | penditure<br>ng and Travel    | * Total Amount for                   | Item 3, at        |          |              |                  | uted by each empl   | oyer (noemury er       | nproyers,      | MBGEL           |             |
| Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported |                                  | All Employers                 | Employer No. 1                       |                   |          |              |                  | Employer No. 3      |                        | Employer No. 4 |                 |             |
| Entertainment  |                                  |                               |                                      | Linployer No. 1   |          |              | Lampioyer 140. 2 |                     |                        |                | Lampioyer No. 4 |             |
|  | nd Refreshm                      |                               | •                                    | \$                |          | -            | 13               |                     | \$                     |                | -  -            |             |
| Living   | Accommoda                        | tions                         |                                      | l                 |          | l            | _                |                     |                        |                |                 |             |
| Adverti  | ising                            |                               |                                      |                   |          |              | _                |                     |                        |                |                 |             |
| Travel   |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
| T  |                                  |                               |                                      |                   |          | -            | _                |                     |                        | <del></del>    |                 |             |
| Telepho  | one                              |                               |                                      |                   |          |              | _                |                     |                        | l              |                 |             |
| Other E  | expenses or S                    | Services                      |                                      | Ì                 |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          | _            | _                |                     |                        |                |                 |             |
|  |                                  | Total                         | \$                                   | \$                | 0.0      | <u>"</u>     | \$_              | 0.00                | \$                     | 0.00           | \$              | 0.00        |
| *7   | When the numi                    | ber of employers              | <br>  you are reporting for requi    | i<br>res multiple | L-3 form | j<br>is to b | c file           | d a total amount fo | <br>r all employers sh | ould be en     | tered on Pa     | ge 1.       |
| Îtem   |                                  |                               | iture of more than fifty             |                   |          |              |                  |                     |                        |                |                 |             |
| 2  | Date                             |                               | Place                                |                   | Am       | ount         |                  | Names o             | of Legislators & P     | ublic Offic    | ials in Gro     | ıр          |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     | POST                   | הדו            |                 |             |
|  | ļ                                |                               |                                      |                   |          |              |                  |                     | ruji                   | i CU           |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
| <u> </u>   | Continued on                     | attached page(s)              |                                      |                   |          | -            |                  | <del></del>         |                        |                |                 |             |
|  |                                  | INST                          | RUCTIONS                             |                   |          | Ite<br>3     |                  | En                  | nployer(s) Name(       | s) and Add     | ress(es)        |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |
|  | o shouid fiid<br>6617 Idaho (    |                               | ny lobbyist registered u             | ınder Secti       | on       | No.1         |                  |                     |                        |                |                 |             |
|  |                                  | : Monthly repties of the pass | ports due within ten (10<br>t month. | )) days of t      | he       | No.2         |                  |                     |                        |                |                 |             |
| TO   | BE FILED V                       | WTTH-                         |                                      |                   | Ī        |              |                  |                     |                        |                |                 |             |
| '0   | DU LIMBU (                       | В                             | en Ysursa                            |                   |          | No.3         |                  |                     |                        |                |                 |             |
|  |                                  |                               | etary of State                       |                   | - 1      |              |                  |                     |                        |                |                 |             |
|  |                                  |                               | Box 83720<br>ID 83720-0080           |                   |          | No.4         |                  |                     |                        |                |                 |             |
|  | Pho                              |                               | 2852 Fax: (208) 334-2                | 282               |          |              |                  |                     |                        |                |                 |             |
|  |                                  |                               |                                      |                   |          |              |                  |                     |                        |                |                 |             |

|                  | Det  | te Amount  |   |    | Name of Legislator Receiving                         |          |   |  |  |  |  |  |
|------------------|--|--|---|----|--|----------|---|--|--|--|--|--|
|                  |  |  |   |    |  |          |   |  |  |  |  |  |
|                  | Subject matter of proposed legislation, the number of the Senate |  |   |    | LEGISLATIVE SUBJECT IDENTIFICATION                   |          |   |  |  |  |  |  |
| 5                |  |  | r legislative activity in which                 |    | Cublant  | C-4-     | Cublant   |  |  |  |  |  |
|                  |  | bbyist was supporting or o                             | -   | 01 | Subject Agriculture, horticulture,                   | 17       | Subject<br>Health service, medicine, drugs          |  |  |  |  |  |
| oject (<br>om ta |  | Bill, Resolution or Other<br>Legislative Ident. Number | Appropriation Bill Number<br>and Section Number | •  | farming, and livestock                               | •••      | and controlled substances, healt                    |  |  |  |  |  |
| Din ta           | iole)  | Degistative fuels. Nationet                            | and Socioli Marioci                             | 02 | Amusements, games, athletics                         |          | insurance, hospitals                                |  |  |  |  |  |
| 23               |  | H-42   |   | 03 | and sports   | 18<br>19 | Higher education Housing, construction, codes       |  |  |  |  |  |
| *                |  | H-43   |   | 03 | Banking, finance, credit and investments             | 20       | Insurance (excluding health                         |  |  |  |  |  |
|                  |  | H-45   |   | 04 | Children, minors, youth,                             |          | insurance)  |  |  |  |  |  |
|                  |  | H-50   |   |    | senior citizens                                      | 21       | Labor, salaries and wages,                          |  |  |  |  |  |
|                  |  |  |   | 05 | Church and religion Consumer affairs                 | 22       | collective bargaining Law enforcement, courts,      |  |  |  |  |  |
| _                |  | H-62   |   | 1  | Ecology, environment, pollution,                     |          | judges, crimes, prisons                             |  |  |  |  |  |
| •                |  | H-135  |   | 1  | conservation, zoning, land and                       | 23       | License, permits                                    |  |  |  |  |  |
| *                |  | H-138  |   |    | water upo  | 24       | Liquor  |  |  |  |  |  |
| *                |  | H-156  |   | 08 | Education Elections, campaigns, voting,              | 25       | Manufacturing, distribution and<br>services         |  |  |  |  |  |
| *                |  | H-234  |   |    | political parties                                    | 26       | Natural resources, forest and                       |  |  |  |  |  |
|                  |  | H-235  |   | 10 | Equal rights, civil rights,                          |          | forest products, fisheries, minin                   |  |  |  |  |  |
|                  |  | 11-200   |   | ١  | minority affairs                                     | 27       | and mining products Public lands, parks, recreation |  |  |  |  |  |
|                  |  |  |   | 11 | Government, financing,<br>taxation, revenue, budget, | 28       | Social insurance, unemploymen                       |  |  |  |  |  |
|                  |  |  |   |    | appropriations, bids, fees, funds                    | 20       | insurance, public assistance,                       |  |  |  |  |  |
|                  |  |  |   | 12 |  |          | workmen's compensation                              |  |  |  |  |  |
|                  |  |  |   | 13 | Government, federal                                  | 29       | Transportation, highways,<br>streets and roads      |  |  |  |  |  |
|                  |  |  |   | 14 | Government, municipal Government, special districts  | 30       | Utilities, communications,                          |  |  |  |  |  |
|                  |  |  |   | 16 | Government, state                                    |          | televisions, radio, newspaper,                      |  |  |  |  |  |
|                  |  |  |   |    |  |          | power, CATV, gas                                    |  |  |  |  |  |
|                  |  |  |   |    |  | 31       | Other (please specify)                              |  |  |  |  |  |
|                  |  |  |   |    |  |          |   |  |  |  |  |  |
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|                  |  |  |   |    |  |          |   |  |  |  |  |  |

CERTIFICATION: 1 hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Code.

Date